



Project Title:	Parcel No.:
Displaced Person(s):	Displacee No.:
<input type="checkbox"/> 180-Day Owner-Occupant <input type="checkbox"/> 90-Day Tenant <input type="checkbox"/> 90 to 179-Day Owner Occupant <input type="checkbox"/> Other	

Base Monthly Rent Determination

1.	Household gross monthly income from all sources (tenants only)	\$
2.	30 percent of line 1	\$
3.	Monthly rent of displacement dwelling	\$
4.	Average monthly cost of utilities (only includes heat, lights, water & sewer)	\$
5.	Rent plus utilities (line 3 + line 4)	\$
6.	Base monthly rental amount (lesser of lines 2 or 5)	\$

Maximum Rent Supplement Calculation

7.	Monthly rent of comparable dwelling	\$
8.	Average monthly cost of all utilities at comparable dwelling	\$
9.	Maximum replacement rent (line 7 + line 8)	\$
10.	Base monthly rent amount at subject dwelling (line 6)	\$
11.	Rent differential (line 9 – line 10)	\$
12.	Maximum Rent Supplement (42 x line 11)	\$

Remarks:

Prepared By:	Reviewed By:	Date:
HQ Approval:	Amount:	Date:

Actual Rent Supplement Computation

13.	Monthly rent of replacement dwelling	\$
14.	Average monthly cost of all utilities at replacement	\$
15.	Rent including all utilities (line 13 + line 14)	\$
16.	Lesser of line 9 or line 15	\$
17.	Base monthly rental amount (from line 6)	\$
18.	Rent differential (line 16 – line 17)	\$
19.	Rent Supplement Payment (42 x line 18)	\$
20.	Purchase price of replacement dwelling	\$
21.	Down Payment Assistance Payment	\$

Remarks:

Prepared By:	Reviewed By:	Date:
HQ Approval:	Amount:	Date: